

P87000078204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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07/09/07--01016--020 \*\*87.50

Special Instructions to Filing Officer:

*Tonya Robinson* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Article IV*  
DATE *7/9/07*  
DOC. EXAM *11/13/07*

Office Use Only

MRP  
07/10

FILED  
07 JUL -9 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Community Connections for Life Incorporated  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Tonya Robinson

Name (Printed or typed)

30 NW 189 Terrace

Address

Miami Gardens, Florida 33169

City, State & Zip

(305) 200-9055

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## **ARTICLE I NAME**

The name of the corporation shall be:

Community Connections for Life Incorporated

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

30 NW 189 Terrace  
Miami Gardens, Fl. 33169

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide services for people with disabilities and the elderly.

## **ARTICLE IV SHARES**

The number of shares of stock is:

1

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Tonya Robinson, Director / Financial Officer / Secretary

## **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Tonya Robinson  
30 NW 189 Terrace  
Miami Gardens, Florida 33169

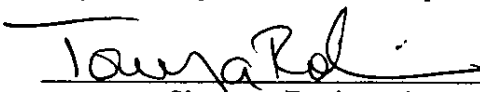
## **ARTICLE VII INCORPORATOR**

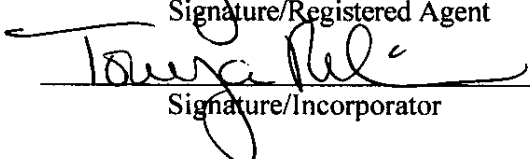
The name and address of the Incorporator is:

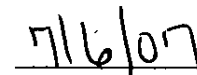
Tonya Robinson  
30 NW 189 Terrace  
Miami Gardens, Florida 33169


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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED  
07 JUL -9 AM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA